

December 31, 2003

**MEMORANDUM**

TO: COMMISSONERS OF THE REVENUE

RE: FISCAL YEAR BUDGET REQUEST FOR FISCAL YEAR  
ENDING JUNE 30, 2005 (FY05)

Enclosed are the fiscal year budget request instructions to access your Online Budget Request. This system was designed for all Constitutional Officers to submit requests for salaries and allowances for the fiscal year ending June 30, 2005. The provisions of §15.2-1636.7, Code of Virginia (1950), as amended, require the Online Budget Request to be submitted to the Compensation Board **on or before February 1, 2004**.

This budget package contains the following:

- A. FY05 Budget Preparation Guidelines.
- B. On-Line Budget Request System User Guide for Commissioners:
  - 1. Information necessary to complete the Budget Request.
  - 2. Specific computer instructions.
  - 3. Budget Submission Check Off List.
  - 4. Certification of participation in an employee performance evaluation plan.

The Fiscal Year Budget Request for the Fiscal Year ending June 30, 2005 is an online computer system accessed through the State Network Interface Project (SNIP). Please review the supplied data for accuracy. You should amend any inaccuracies that may appear.

Please keep in mind, if the change is a personnel action (CB10) that has not been entered into the SNIP system, **enter the online CB10 form immediately**, so that this approved change will be documented. Documentation will also be required from you for actions affecting your July 1, 2004 base budget, if different from the supplied data. Provide all justification required along with Job Descriptions if you are requesting any position reclassification and have not been delegated classification authority. Please complete all required fields, as the system will not allow you to certify (sign off) the request until all required fields have been completed.

**Please ensure that your Online Budget Request and documentation are received by the Compensation Board not later than February 1, 2004, as required by §15.2-1636.7, Code of Virginia, and that you notify the Governing Body of your locality when the Online Budget Request is available for them to view.**

Should you have questions regarding the Online Budget Request System please call your program technician, Paige Curtis, at (804) 786-0786, extension # 219.

Sincerely,

Bruce W. Haynes  
Executive Secretary

#### Attachments

Copy to:     Governing Body (w/o Attachments)  
              James W. Matthews, Assistant Executive Secretary  
              Alice M. Coe, Manager, Customer Service  
              Charlene M. Rollins, Lead Management Analyst  
              Paige Curtis, Senior Fiscal Technician

## FY05 BUDGET PREPARATION GUIDELINES

To assist you in completing the Online Budget Request, the following are a few items which you should have available as you begin working on your budget request.

- The Compensation Board (CB) Operating Manual (available on the CB Website)
- December 1, 2003, Salary Scale (available on the CB website)
- Compensation Board Approved Budget FY04
- Compensation Board Actions affecting your Base Budget
- Years and Months you and your employees have each been in a full-time Compensation Board funded position.
- Workload Data for calendar year 2003
- Approved Permanent Employees Salaries, effective 12/1/03
- The Compensation Board Website address is [www.scb.virginia.gov](http://www.scb.virginia.gov)

Please keep in mind these screens **'TIME OUT' after 15 minutes of inactivity**. This means that if you must leave to pull information after you get to a particular screen, your computer may log you off before you get back to enter the necessary data. Information that was previously entered may also have to be reentered.

The system will allow you to complete your entire Budget Request without returning to the menu.

***FISCAL YEAR 2005***  
***ON-LINE BUDGET REQUEST***  
***SYSTEM USER GUIDE***  
***FOR COMMISSIONERS OF THE REVENUE***

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## COMPENSATION BOARD MAIN MENU (SNIP)

11/15/01  
SCBRLO01

COMMONWEALTH OF VIRGINIA

### COMPENSATION BOARD

#### --- MAIN MENU ---

YYMM: \_\_\_\_\_  
LOCALITY: 016  
OFFICE: 734

1. PERMANENT PERSONNEL PROCESS
2. TEMPORARY PERSONNEL PROCESS
3. OFFICE EXPENSE PROCESS
4. EQUIPMENT/SERVICES/MILEAGE PROCESS
5. ADDITIONAL ALLOWANCE PROCESS
6. CERTIFICATION/APPROVAL PROCESS
7. COMPENSATORY TIME PROCESS
- L. LOCALITY COMMENTS
- P. PERSONNEL STATUS CHANGE (CB10 SUBMENU)
- F. FUNDS TRANSFER
- S. SUBSTITUTE PROSECUTOR
- B. ONLINE BUDGET PROCESSING**
- M. RETURN TO MAINMENU
- X. EXIT REIMBURSEMENT PROCESS

ENTER SELECTION: **B**

From the SNIP main menu, enter selection “B” to access the screens for the On-line Budget submission.

1. “TAB” to LOCALITY:\_\_\_\_\_ enter your locality’s FIPS code
2. “TAB” to OFFICE:\_ enter 734 (Commissioners)
3. “TAB” to ENTER SELECTION:\_\_\_\_\_enter the letter “B”
4. Press the “ENTER” key to proceed to the next screen



## ONLINE BUDGET MAIN MENU

11/15/01  
SCBBL002

COMMONWEALTH OF VIRGINIA

COMPENSATION BOARD

### ONLINE BUDGET PROCESSING

--- MAIN MENU ---

YEAR REQUESTED: 2005

- 1. ONLINE BUDGET PROCESSING
- 2. BUDGET REDUCTION PLAN
- M. RETURN TO MAIN MENU
- X. EXIT ONLINE BUDGET PROCESS

ENTER SELECTION: 1

Fiscal Year 2005 will be entered for you. If you wish to view information for prior fiscal years, simply type over the 2005 entry with the fiscal year you wish to view.

This screen enables access to the selected fiscal year.

1. "TAB" to ENTER SELECTION: \_\_Type selection number '1'
2. Press the "ENTER" key to proceed to the next screen.

## ONLINE BUDGET SUB-MENU

11/15/01  
SCB9LO01

COMMONWEALTH OF VIRGINIA COMPENSATION BOARD

ONLINE BUDGET PROCESSING

--- SUB MENU ---

FISCAL YR: 2005  
LOC: 016  
OFF: 734

ENTER  
SELECTION: 1

1. **LOCALITY AND OFFICER INFORMATION**
2. SALARIES OF CURRENT PERMANENT EMPLOYEES
3. ADDITIONAL EMPLOYEES REQUESTED
4. PART TIME EMPLOYEE FUNDING
5. POSITIONS FULLY OR PARTIALLY FUNDED BY  
COMP BOARD, LOCALITY OR OTHER SOURCE
6. OFFICE EXPENSES
7. EQUIPMENT (NOT FOR CLERKS)
9. AMENDED EQUIPMENT REQUEST (CLERKS ONLY)
- A. WORKLOAD MEASURES
- B. EMPLOYEE PERFORMANCE EVALUATION CERTIFICATION
- C. BUDGET CHECKOFF LIST
- D. BUDGET CERTIFICATION/APPROVAL
- E. LOCALITY COMMENTS
- F. REVIEW NEW PERMANENT POSITIONS
- G. AUDIT WORKLOAD (TREAS & C REV)
- M. RETURN TO MAIN MENU
- X. EXIT ONLINE BUDGET PROCESS

This menu provides access to all screens related to the On-line Budget system. The entry of your locality and office code will be displayed for you. The four-digit fiscal year will be carried forward from the previous screen. As you use these screens you are encouraged to process them in sequence. With the completion of the last screen of each process, the depression of the enter key with the selection field blank will take you to the next process. **In the Budget Certification/Approval process you will not be able to certify your budget submission if any process that has required fields has not been completed.**

1. FISCAL YEAR, LOCALITY and OFFICE CODE will be displayed for you.
2. ENTER SELECTION:\_\_\_\_\_ enter number '1'
3. Press the "ENTER" key to proceed to the next screen

## ADDRESS CHANGE

SEL: (1)	<b>FISCAL YEAR BUDGET REQUEST</b>		
SCB9U001			
11/15/01	<b>FOR FISCAL YEAR ENDING JUNE 30, 2005</b>		
YY: 2005	LOC: 016	OFF: 734	OFFICER: JOHN T. MONROE
	CHG OFFICER:	COMMISSIONER OF THE REVENUE	
		P.O. BOX 959, AUGUSTA COUNTY	
	CHG ADD2:	P.O. BOX 81,	
		VERONA	VA 24482 -
0959	CHG CITY ZIP:		-
		5402455640	
	CHG PHONE #:	5402455179	
	CHG FAX #:		
	E-MAIL ADDRESS:	JTM@AUGUSTA	

This screen will be displayed when “1” is selected on the On-line Budget Menu. This screen can be used to correct information related to your office. The Officer Name, Title, Locality Name, Mailing Address, Zip Code, Telephone Number, Fax Number and email address from the current file are displayed for your review. The information is provided to allow the correction of the fields that are incorrect. For displayed information that is incorrect, correct information can be typed on the blank line immediately below each line of information. If no email address is listed because you did not have one last year, please enter an address you may have now.

1. Press the “TAB” key to move to the desired field.
2. Press the “ENTER” key, when you have corrected or completed the information requested.
3. Press the “Enter” key to proceed to the next screen, or
4. Type “M” in SEL: \_\_ to return to the main menu.

**Chg Officer:** Enter Correct Officer’s Name, if correct, press “TAB” key.  
**Chg Add 2:** Enter correct P.O.B. or Street Address, if correct, press “TAB” key  
**Chg City Zip:** Enter correct City Zip 1 & 2, if correct, press “TAB” key  
**Chg Phone #:** Enter Correct Phone Number, if correct, press “TAB” key  
**Chg Fax #:** Enter Correct Fax Number, if correct press “TAB” key  
**E-mail Address:** Enter correct E-mail Address, if correct press “TAB” key

**ATTENTION: CONSTITUTIONAL OFFICERS**

11/15/01  
SCB9UO02

ATTENTION: CONSTITUTIONAL OFFICER

THESE SCREENS WILL DISPLAY CONFIDENTIAL SALARY INFORMATION FOR ALL  
EMPLOYEES IN YOUR OFFICE

```
*****  
*                               IMPORTANT                               *  
* READ INSTRUCTIONS CAREFULLY BEFORE PREPARING REQUEST              *  
*****
```

ENTER PAGE AT WHICH TO BEGIN (IF OTHER THAN 1): 1

\* \* O R \* \*

ENTER 'T' TO GO DIRECTLY TO TOTAL PAGE:

\* \* O R \* \*

ENTER 'M' TO RETURN TO MENU:

\* \* O R \* \*

ENTER SSN AT WHICH TO BEGIN: \_\_\_\_\_

This is the initial screen that will be displayed when selection “2” is made on the On-line Budget Menu.

**WARNING: These screens will display Salaries and other personal information for all employees in your office.**

1. This screen displays 4 choices. Upon initial entry into the Budget Request System we strongly recommend that you choose the first option, and begin to scroll from the default page number (1) through the entire permanent personnel.
2. Press the “TAB” key to move to the desired field.

**ENTER PAGE AT WHICH  
TO BEGIN (IF OTHER THAN 1):**

The default is 1, you may change the number to specify any page number, as long as it is a valid page number.

**ENTER 'T' TO GO DIRECTLY**

**TO TOTAL PAGE:** Enter "T" on this line only if entering the system to check totals.

**ENTER 'M' TO RETURN**

**TO MENU:** Enter “M” if you are in the Salaries of current employees section in error, or you decide not to process the section at this time.

**ENTER SSN AT WHICH TO BEGIN:** Enter employee's SSN here if you wish to begin the display of permanent personnel records with a selected record instead of paging through the records.

- Press the “ENTER” key to proceed to the next screen.



**This page left intentionally blank.**

## PART I (A) SALARY OF CURRENT PERMANENT EMPLOYEES

SEL: _ (2) 11/15/01 PART I (A) SAL OF CUR PERM EMPL										SCB9U002		PAGE:	
1													
YY: 2005 LOC: 016 OFF: 734 OFFICER: JOHN T. MONROE													
POS		SSN		LAST NAME				INIT		RE-			
ANN													
*YRS - MO		HRS		ANN SAL		LOC SAL		TOT SAL		AMT REQ		SAL CLASS CLASS	
SAL		EMP		WK		APPROV		SUPPL		INC SUP		ABOVE	
ADJ													
-		00006		22222222		JAMES		L					
				34656				34656		CDI			
* 15 - 10		40.0		34656		0		34656		34656			
Y													
-		00003		77777777		BURNS		K					
				16631				16631		DI			
* 7 - 9		40.0		16631		0		16631		16631			
Y													
-		00007		11111111		BOOKER		ME					
				16631				16631		DI			
* 1 - 6		40.0		16631		0		16631		13631 *		DII	
Y													
X		00011		55555555		ROPER		S					
				17005				17005		DI			
* - -		40.0		17005		0		17005		17005			
Y													
TRANSACTION PROCESSED SUCCESSFULLY													
* 'BELOW MINI' OR 'ABOVE MAX'													

This screen displays each position record for your office. There are up to four records displayed on each screen. There will be as many screens as are required to display all position records for your office. The position number, social security number, last name, initials, annual salary for the position, salary amount requested, class code, hours worked and the annual salary adjustment indicator are initially supplied for each position. For each position you must enter years/months employed (if not supplied) and the local salary supplement. You may also correct the class code, request a reclassification of the class code, and request an amount above the current salary for the position. If salary adjustments are made to the salary amount requested the system will calculate the difference from the annual salary approved and place the difference in the amount requested above field.

**Tip:** When the same employee remains with the same position number they had last fiscal year, the "Years Of Service" will be supplied based upon the number of years entered last year, plus 1 year. The "Hours Required To Work Per Week" will be supplied as entered last year for all positions on last year's budget request. For NEW positions, you will be required to enter both the "Years of Service" & "Hours required to work per week". Be careful, as the system will not let you proceed to the next screen until all

*required fields are completed.*

**PERSONNEL CHANGES (CB10S) PROCESSED BY THE COMPENSATION BOARD TECHNICIANS DURING THE TIME PERIOD THAT THE ONLINE BUDGET SYSTEM IS AVAILABLE TO YOUR OFFICE WILL AUTOMATICALLY UPDATE PERSONNEL AND SALARY INFORMATION TO THIS SCREEN. PLEASE BE AWARE OF ANY PENDING CB10S YOU HAVE THAT WILL BE PROCESSED DURING THIS PERIOD AND PRIOR TO THE SIGN OFF OF YOUR ONLINE BUDGET REQUEST. THE PROCESSING OF A CB10 WILL ELIMINATE ANY SALARY INCREASE AND/OR RECLASSIFICATION REQUEST PREVIOUSLY ENTERED ON THIS SCREEN FOR THE AFFECTED POSITION IF THE OFFICER HAS NOT YET SIGNED OFF ON THE COMPLETED BUDGET REQUEST. IF THE TYPE OF REQUEST ENTERED FOR THE AFFECTED POSITION PRIOR TO THE PERSONNEL CHANGE IS STILL DESIRED AFTER THE PERSONNEL CHANGE, THE REQUEST WILL NEED TO BE RE-ENTERED PRIOR TO SIGN OFF BY THE OFFICER.**



## PART I (A) SALARY OF CURRENT PERMANENT EMPLOYEES

1. Press the "TAB" key to move to the next field of entry, or, hit the enter key and the cursor will move to the next required field.
2. Type "X" on the line next to the position number, ONLY if the supplied Social Security Number or Last Name is incorrect, or has not been updated with an approved on-line CB10. This action will take you to another screen after all information on this screen has been entered. Please turn this page to see the screen print and for instructions on entering information on the screen .
3. Press the "TAB" key to move to the next field of entry.
4. The rows and corresponding field names that are marked with an asterisk (\*) identify the fields and lines in each position record that may be altered.
5. The number displayed in parentheses (2), is used to redisplay the screen for data entry, without returning to the main menu, when number is entered in SEL \_.

**Field 1: Yrs Worked:** Enter the number of years employed in a Compensation Board full time approved position. **Supplied for employees with same position number as last fiscal year.**

**Field 2: Months Worked:** Enter the number of months employed if less than one year, or the number of months in excess of the full year. The value entered may be 00-11. **Supplied for employees with same position number as last fiscal year.**

**Field 3: Hrs Worked:** Enter the hours required to be worked per week, if hours supplied (37.5) is incorrect. **Supplied for all positions, with exception of "NEW" positions**

**Field 4: Ann Sal Approv:** Enter correct salary here, if the supplied Annual Salary Approved is incorrect.

**Field 5: Loc Sal Suppl:** Enter the amount the position is supplemented by the locality, enter 0 if no supplement.

**Field 6: Tot Sal Inc Sup:** **This field will be calculated for you:** Compensation Board Approved Salary plus the Locality Supplement.

**Field 7: Amt Req Above:** **This field will be calculated for you** if you change the Salary amount requested.

**Field 8: Sal Amt Req:** Enter here, if the salary supplied is different than the salary you desire for this employee.

**Field 9: Class:** Enter **correct** Class here, if the Class supplied is incorrect.**(Not for RECLASS)**

**Field 10: Reclass:** Enter here, if you are requesting a **RECLASS** for the employee currently in this position. You Must Provide A Job description for each position you are requesting to be reclassified, **or** have Delegation of Classification Authority. **(DO NOT ENTER AN ONLINE CB10 FOR THIS REQUEST)**

**Field 11: Sal Adj:** Enter "N" for No here, only if you do not wish the employee listed to receive an annual salary increase.

6. After all information has been entered on the screen, press the “Enter” key.
7. Press the “Enter” key to proceed to the next screen, or
8. Type “M” in SEL: to go back to the main menu.

**NOTE:** The Message “ \* Below Mini” or the message “ \* Above Max” will appear at the bottom of your screen if the class or salary requested is not a valid class or salary. An asterisk (\*) will also appear beside that position number for Compensation Board to correct.

## SOCIAL SECURITY NUMBER AND NAME CHANGES

```

SEL: _ (2) 11/15/01 PART I (A) SAL OF CUR PERM EMPL SCB9U002 PAGE:
1
      YY: 2005   LOC: 016 OFF: 734 OFFICER: JOHN T. MONROE

      POS      +-----+
ANN
*YRS - MO HRS |
SAL
EMP   WK   |   SEL:                               SCB9U002 |
ADJ
_    00006   2 |
      11/15/01   SSN AND NAME CHANGES FOR
* 15 - 10 40.0 |   CURRENT PERMANENT EMPLOYEES
Y
      YY: 2005 LOC: 016 OFF: 734
      OFFICER: JOHN T. MONROE
* 7 - 9 40.0 |   POS      SSN      LAST NAME      INIT
Y
      00007   1 |   00011  888888888  RHOADS      S
      22222222  JOHNSON      J
* 1 - 6 40.0 |
Y
      X 00011   2 |
* 6_ - _ 40.0 |
Y
      +-----+
  
```

This window within the permanent employee screen will display the position number, social security number, last name, and initials of the current employee in the selected position and allow the correction of the SSN, the last name or the initials.

1. Type "X" on the line next to the position number.
2. Press "TAB" to "Annual Salary Approved" only if the salary is incorrect on this screen and you have an approved CB10.
3. Press the "ENTER" key.
4. Press the "TAB" key to move to the next field of entry.

**Field 1: SSN#:** Enter the Employee's correct Social Security Number, if the supplied number is incorrect, "TAB"

**Field 2: Last Name:** Enter the Employee's Last Name, "TAB"

**Field 3: Init:** Enter the Employee's first and middle initials.

5. Press the “Enter” key after completing requested information to return to the previous screen, (Permanent Personnel).

**The CB10s will update your permanent personnel screen on the OFFICERS LINE (2<sup>ND</sup> LINE ) when the pending CB10's are approved by your program technician. When entering CB10s with effective dates of January 1<sup>st</sup> - 31<sup>ST</sup> , please be sure to check your permanent personnel screens to make sure the CB10s have not affected your intended salary request for that position. Once the Officer has certified his request (signed-off). CB10s will then update the Compensation Board line (3<sup>rd</sup> Line).**

## PART I (A) TOTAL SALARY OF CURRENT PERMANENT EMPLOYEES

SEL: (2)	<b>PART I (A) SAL OF CUR PERM EMPL</b>				SCB9UO02
11/15/01					
YY: 2005	LOC: 016	OFF: 734	OFFICER: JOHN T. MONROE		
TOTAL PART I (A)					
	ANN SAL APPROV	LOC SAL SUPPL	TOT SAL INC SUP	AMT REQ ABOVE	SAL AMT REQ
	280129				280129
	280129	0	84923	+	0
	0		0	+	0

The PART I (A) salary totals for the current permanent employees for your office are displayed on this screen.

1. The 1<sup>st</sup> line of totals is supplied, based on salaries as approved December 31.
2. The 2<sup>nd</sup> line of totals is re-calculated based on changes made to the current permanent employees' salaries and amounts requested. Please check the amounts on the 2<sup>nd</sup> line, for substantial differences from the supplied information, as there may be a chance for keying errors.
3. The 3<sup>rd</sup> line of totals will reflect Compensation Board approved amounts on and after May1.
4. Press the "Enter" key to proceed to the next screen, or
5. Type "M" in SEL\_\_: to go back to the main menu.

## PART I (B) ADDITIONAL EMPLOYEES REQUESTED

SEL: (3)	PART I (B) ADDITIONAL EMPL REQ	SCB9U004
PAGE: 1		
11/15/01		
YY: 2005	LOC: 016 OFF: 734	OFFICER: JOHN T. MONROE
	CLASS ENTRY	NUM OF TOTAL AMT
	LEV SAL	POSITIONS REQ
CT	15556	01 15556
GC	15556	02 31112
DI	17005	01 17005
SECT	17005	0
TEI	17005	0
OTHER		
TRANSACTION PROCESSED SUCCESSFULLY		

This screen will be displayed from selection “3” on the On-line Budget Menu. The screen will display predefined classes for each office along with the entry-level salary for each class. You may request additional positions of a predefined class or enter a request for a class that has not been predefined for your office. If additional positions are requested, the system will calculate the total amount for each class based on the number of positions requested.

**Note:** Complete this section to request additional full-time Compensation Board funded positions.

1. Press the “TAB” key to move to the next field of entry.
2. Complete this section - **These are required fields**, you must enter a ‘0’ the number of additional full-time Compensation Board funded positions requested.

- Field 1: Number of Positions:** Enter ‘0’ or the number of positions requested. “TAB” to the next field.
- Field 2: Number of Positions:** Enter ‘0’ or the number of positions requested. “TAB” to the next field.
- Field 3: Number of Positions:** Enter ‘0’ or the number of positions requested. “TAB” to the next field.
- Field 4: Number of Positions:** Enter ‘0’ or the number of positions requested. “TAB” to the next field.
- Field 5: Number of Positions:** Enter ‘0’ or the number of positions requested. “TAB” to the next field.
- Field 6: Class:** Enter the Name of Class requested, if other than the classes listed above, or leave blank and “TAB” to the next field. **(must be a CB defined class)**
- Field 7: Entry Lev Sal:** Enter Salary requested or leave blank if no CLASS request was entered in the previous field
- Field 8: Number of Positions:** Enter number of positions requested or leave blank if no CLASS request was made.
- Field 9: Class:** Enter the Name of Class requested, if other than the classes listed above, or leave blank and “TAB” to the next field
- Field 10: Entry Lev Sal:** Enter Salary requested or leave blank if no CLASS request was made in the previous field
- Field 11: Number of Positions:** Enter number of positions requested or leave blank if no CLASS request was made.

3. Press the “Enter” key after completing the information requested.
4. Press the “Enter” key to proceed to the next screen, or
5. Type “M” in SEL: to go back to the main menu.

**NOTE: The Compensation Board approved workload based staffing standards as recommended by the Virginia Commissioner of Revenue’s Association. Any new positions approved by the General Assembly or any reallocated positions will be allocated by the Compensation Board in FY05, as they were in FY04, based upon the request of the Commissioners of the Revenue and in accordance with the Compensation Board’s staffing standards. Please see the Compensation Board Operating Manual for Compensation Board criteria for allocating new positions.**

# **TOTAL - PART I (B) ADDITIONAL EMPLOYEES REQUESTED**

SEL: (3) PART I (B) ADDITIONAL EMPL REQ SCB9U004  
11/15/01 OFFICE TOTAL

YY: 2005 LOC: 016 OFF: 734 OFFICER: JOHN T. MONROE

TOTAL PART I (B)

CLASS	ENTRY LEV SAL	TOTAL NUM OF POSITIONS	TOTAL AMT REQ
		4	63673

This screen will display the total number and total salaries of additional positions requested



## PART II. PART-TIME EMPLOYEE FUNDING

```
SEL:  (4)          PART II PART TIME EMP FUNDING
SCB9U005
11/15/01

YY: 2005  LOC: 016  OFF: 734  OFFICER: JOHN T. MONROE

      (A)          (B)          (C)
      BASE AMT     AMT REQ     TOTAL
      APPROV       ABOVE/      REQ
                  BELOW

          2587
          2587          5000          7587

RECORD PROCESSED SUCCESSFULLY
```

This is the initial screen that will be displayed when selection “4” is made on the On-line Budget Menu. The budgeted amount for the prior fiscal year for part time employee funding is displayed in Column (A). You must enter a request for either an additional amount, a reduced amount or no change in the amount from the prior year. If additional or reduced funding is requested the system will recalculate the total amount requested.

**The “Base Amount Approved for the Current Fiscal Year” (A) has been supplied. Please check this amount to your Original July 1 Approved Budget to make sure that transfers approved during the current year are not included in this figure, unless the approved Compensation Board transfer letter states that this a BASE BUDGET ADJUSTMENT.**

1. Complete this section - **These are required fields.**
2. Press the “TAB” key to go to the next field of entry.

**Field 1: Base Amt Approved:** Enter here only if the base amount shown is different than the July 1 Compensation Board Approved Budget. This amount could change due to Compensation Board Action.

**Field 2: Amt Req Above/Below:** Enter ‘0’, the additional amount or a lesser amount. For the lesser amount enter (-) in front the amount.

**Field 3: Total Req:** This field will be calculated for you.

3. Press the “Enter” key after completing the information requested.
4. Press the “Enter” key to proceed to the next screen, or
5. Type “M” in SEL\_\_\_: to go back to the main menu.

**PART II (B) POSITIONS FULLY OR PARTIALLY FUNDED BY CB, LOC OR  
OTHER NOT INCLUDED IN PART I(A)**

```

SEL:  (5)  PART II(B) POS FULLY OR PART FUNDED BY      SCB9U006
PAGE:  1
11/15/01   CB, LOC OR OTHER NOT INCL IN PART I(A)
YY: 2004   LOC: 016   OFF: 734   OFFICER: JOHN T. MONROE
LAST NAME          INIT      CLASS  HR  ANNUAL  TOT
                                RATE WRK HR  FUNDS      CB LOC FED
OTHER
TAYLOR            J          7.00 2080    14560  X   X
SMITH            TJ          8.00 1000     8000  X
-
TRANSACTION PROCESSED SUCCESSFULLY      TOT FUNDS:
22560

```

This is the initial screen that will be displayed when selection “5” is made on the On-line Budget Menu. This screen should be used to enter identifying and salary information of positions fully or partially funded by the Compensation Board, the Locality or other sources. This does not include positions identified as current permanent employees in Part I (A), which may be supplemented by another source. For each temporary employee for whom reimbursement will be requested from CB approved part time funding, you must provide the last name, the initials, the class, the hourly rate, the planned number of hours to be reimbursed for the fiscal year and the source(s) of funding for the personnel. Upon entry of the required fields, the system will calculate the fund amount for each person and the total funds for your office.

Complete this section - Do not include employees listed in Part I (A) Salaries of Permanent Employees. These fields are not required unless a name is entered in field 1. Therefore, **do not type** “NONE” if you do not have an employee of this type. If you enter a last name, you must also enter all of the information for that record.

1. If you enter Last Name (Field 1), you must also enter a value in fields 2-5 and enter an “X” in at least one of fund source fields (7, 8, 9 or 10). You may enter an “X” in as many of the fields as are applicable for that record.
2. To delete an existing line from this screen, BLANK all the fields in which you have made an entry
3. Press the “TAB” key to go to the next field of entry.

**Field 1: Last Name:** Enter the employee’s last name; if the last name is unknown, type “UNKNOWN” in this field.

**Field 2: Init:** Enter the employee’s first & middle initials.

**Field 3: Class:** Enter the employee’s class.

**Field 4: Hr Rate:** Enter the employee’s hourly rate.

**Field 5: Annual Work Hr:** Enter the total number of hours worked **annually**.

**Field 6: Tot Funds:** **This field will be calculated for you**

**Field 7: CB:** Enter “X”, if employee is partially or fully funded by the Compensation Board from Part-time funds.

**Field 8: Loc:** Enter "X", if employee is partially or fully funded by the Locality.

**Field 9: Fed:** Enter "X", if employee is partially or fully Federally funded.

**Field 10: Other:** Enter "X", if employee is partially or fully funded by other sources.

4. Press the "Tab" key to go to Field 1 on the next line to list additional employees, or
5. Press the "Enter" key after completing the information requested.
6. Press the "Enter" key again to proceed to the next screen, or
7. Type "M" in SEL: to return to the Main Menu.

### PART III. OFFICE EXPENSES

SEL: (6)	<b>PART III OFFICE EXPENSES</b>		
SCB9U007			
11/15/01	TREASURER, DIRECTOR OF FINANCE OR COMMISSIONER OF REVENUE		
YY: 2005 LOC: 016	OFF: 734	OFFICER: JOHN T. MONROE	
TAX TICKETS, STATE AND LOCAL TAXES			
STATIONERY, OFFICE SUPPLIES, PRINTING (FORMS AND LETTERS)			
ADVERTISING-NEWSPAPERS, HANDBILLS, ETC.			
(DO NOT INCLUDE ADVANCE LISTS FOR DELINQUENT TAXES)			
POSTAGE/BOX RENTAL (INCLUDE POSTAGE METER RENTAL UNDER PART IV)			
TELEPHONE (TAX EXCLUDED), DP LOCAL & IN-HOUSE			
REPAIRS TO OFFICE FURNITURE AND EQUIPMENT			
OTHER NECESSARY EXPENSES INCLUDING ASSOC. DUES			
	(A)	+	(B) =
(C)	BASE AMT		AMT REQ
TOTAL			
	APPROV		ABOVE/
REQ			BELOW
TOTAL OFFICE EXPENSES (PART III (A))	5807		
	<u>5807</u>		<u>2004</u>
7807			
RECORD PROCESSED SUCCESSFULLY			

This is the initial screen that will be displayed when selection “6” is made on the On-line Budget Menu for your office. The total office expenses for the prior year will be displayed. You must enter a request to increase, decrease or retain the same amount as the base amount approved by entering an amount in the “amount requested above/below approved” field. The system will recalculate the office total based on the amount entered.

**The amount requested above/below is a required field.** Participation of the Compensation Board in Office Expenses is limited to certain items as provided by the Code of Virginia (1950), as amended. Any additions or transfers made during the current fiscal year may be included in the supplied figures. Please check the supplied amount to your original Compensation Board approved Budget, and approval letters affecting the base budget.

1. Complete this section - These are required fields.
2. Press the “TAB” key to go to the next field of entry.

**Field 1: Base Amt. Approved:** Enter here only if the base amount shown is different than the July 1 Compensation Board Approved Budget.

This amount could change due to Compensation Board action.

**Field 2: Amt Req Above/Below Approved:** Enter '0', an additional amount or a lesser amount. For a lesser amount enter (-) in front of the amount.

**Field 3: Total Request:** This field will be calculated for you.

3. Press the "Enter" key after completing the information requested.
4. Press the "Enter" key again to proceed to the next screen, or
5. Type "M" in SEL to return to the main menu.

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## PART IV. EQUIPMENT - DATA PROCESSING - CATEGORY A

SEL: _ (7)	<b>PART IV EQUIPMENT</b>	<b>DATA PROCESSING</b>	SCB9U008
PAGE: _1			
11/15/01	YY: 2005	LOC: 016	OFF: 734 OFFICER: JOHN T. MONROE
CATEGORY: A			
*UNIT CST	N QTY	N TOT COST	R QTY R TOT COST TOT QTY TOT COST
CDROM			
* 5000	_1	5000	1 5000
FILE SERVER			
* 3000	_1	3000	1 3000
MODEM			
* 150	_1	150	1 150
PERSONAL COMPUTER			
* 3000	_1	3000	1 3000
PRINTER			
* 500	_1	500	1 500
SCANNER			
* _____	_____	_____	_____
RECORD SUCCESSFULLY UPDATED		DO YOU WANT 2ND SCREEN?	
Y			

### **SECOND SCREEN**

SEL: _ (7)	<b>PART IV EQUIPMENT</b>	<b>DATA PROCESSING</b>	SCB9U008
PAGE: _2			
11/15/01	YY: 2005	LOC: 016	OFF: 734 OFFICER: JOHN T. MONROE
CATEGORY: A			
*UNIT CST	N QTY	N TOT COST	R QTY R TOT COST TOT QTY TOT COST
DATA PROCESSING EQUI			
* 2000	_1	2000	1 2000
* _____	_____	_____	_____
RECORD SUCCESSFULLY UPDATED			

These screens will be displayed when selection "7" is made on the On-line Budget Menu. These screens allow the entry to request data processing equipment items along with the unit cost and quantity. The system will calculate the total amount for each item and the total amount for all items for your office.



## **PART IV. EQUIPMENT - Data Processing - Category A**

1. Complete this section for data processing equipment, press enter if you are not making a request for prelisted equipment.
2. Please refer to your Compensation Board Operating Manual, Appendix 1, for minimum specifications for reimbursement of personal computers.
3. "TAB" to the asterisks (\*) line of the desired pre-listed equipment .

**Field 1: Equip:** Pre-listed, not accessible

**Field 2: Unit Cost:** Enter unit cost of the equipment requested.

**Field 3: N Qty:** Enter the quantity here if this is NEW equipment that you do not presently have.

**Field 4: R Qty:** Enter the quantity here, if you are requesting REPLACEMENT of existing equipment.

4. Press the "Enter" key after entering all requested pre-listed data processing equipment.
5. Press the "Enter" key to proceed to the next screen if you do not wish to make a request in a particular category.

### **SECOND SCREEN:**

**Field 1: Equip:** Enter the type of equipment requested if not on the pre-listed screen (example: disk drive, memory upgrade, etc.)

**Field 2: Unit Cost:** Enter unit cost of the equipment requested.

**Field 3: N Qty:** Enter the quantity here if this is NEW equipment that you do not presently have.

**Field 4: R Qty:** Enter the quantity here, if you are requesting REPLACEMENT of existing equipment.

6. Press the "Enter" key after entering requested information.
7. You may request a second screen by entering a "Y" at the bottom of the screen in answer to the prompt to go to a second screen.
8. Press the "enter" key again to proceed to the next process, or
9. Type "M" in the select field to return to the menu.

**NOTE: The Compensation Board may require justification for these items upon**

**review of your budget request.**

## PART IV. EQUIPMENT - OFFICE EQUIPMENT - CATEGORY B

SEL: _ (7)	PART IV EQUIPMENT	OFFICE EQUIPMENT	SCB9U008	PAGE:
1				
11/15/01	YY: 2005	LOC: 016	OFF: 734	OFFICER: JOHN T. MONROE
CATEGORY: B				
*UNIT CST	N QTY	N TOT COST	R QTY	R TOT COST
CALCULATOR				
* 100	_1	100	___	1 100
COPIER				
* 5000	_1	5000	___	1 5000
FAX MACHINE				
* 500	_1	500	___	1 500
MAIL MACHINE				
* _____	___		___	
POSTAGE SCALE				
* _____	___		___	
SHREDDER				
* _____	___		___	
RECORD SUCCESSFULLY UPDATED			MORE DATA... PRESS ENTER	
Y				

### SECOND SCREEN

SEL: _ (7)	PART IV EQUIPMENT	OFFICE EQUIPMENT	SCB9U008	PAGE:
2				
11/15/01	YY: 2005	LOC: 016	OFF: 734	OFFICER: JOHN T. MONROE
CATEGORY: B				
*UNIT CST	N QTY	N TOT COST	R QTY	R TOT COST
OFFICE EQUIP				
* 700	_1	700	___	1 700
* _____	___		___	
RECORD SUCCESSFULLY UPDATED				

These screens may be used for the request of office equipment. These screens allow entry to request office equipment items along with the unit cost and quantity. The system will calculate the amount of each item and the total amount for all items for your office.

## **PART IV. EQUIPMENT - OFFICE EQUIPMENT - CATEGORY B**

1. Complete this section for Office Equipment, press enter if you are not making a request for prelisted equipment.
2. "TAB" to the asterisks (\*) line of the desired pre-listed equipment

**Field 1: Equip:** Pre-listed, not accessible.

**Field 2: Unit Cost:** Enter unit cost of the equipment requested.

**Field 3: N Qty:** Enter the quantity here if this is NEW equipment that you do not presently have.

**Field 4: R Qty:** Enter the quantity here, if you are requesting REPLACEMENT of existing equipment.

3. Press the "Enter" key after entering all requested pre-listed office equipment.
4. Press the "Enter" key to proceed to the next screen if you do not wish to make a request in a particular category.

### **SECOND SCREEN:**

**Field 1: Equip:** Enter the name of the type of equipment requested if not on the pre-listed screen (example: adding machine, etc.)

**Field 2: Unit Cost:** Enter unit cost of the equipment requested.

**Field 3: N Qty:** Enter the quantity here if this is NEW equipment that you do not presently have.

**Field 4: R Qty:** Enter the quantity here, if you are requesting REPLACEMENT of existing equipment.

5. Press the "Enter" key after entering requested information.
6. You may request a second screen by entering a "Y" at the bottom of the screen in answer to the prompt to go to a second screen.
7. Press the "Enter" key again to proceed to the next process, or
8. Type "M" in the select field to return to the menu.

**NOTE: The Compensation Board may require justification for these items upon review of your budget request.**

## PART IV. EQUIPMENT - FURNITURE - CATEGORY C

```

SEL: _ (7)  PART IV EQUIPMENT  FURNITURE                                SCB9U008  PAGE:
1
11/15/01  YY: 2005  LOC: 016  OFF: 734  OFFICER: JOHN T. MONROE
CATEGORY: C
*UNIT CST  N QTY      N TOT COST  R QTY  R TOT COST  TOT QTY  TOT COST
BOOKCASE
*
CHAIR      —————
*
DESK       —————
*
FILE CABINET —————
*
WORK STATION —————
*
—————
*
—————

```

These screens may be used to request funding for furniture.

1. Complete this section for Furniture, press enter if you are not making a request for prelisted furniture.
2. "TAB" to the asterisks (\*) line of the desired pre-listed furniture

**Field 1: Equip:** Pre-listed, not accessible.

**Field 2: Unit Cost:** Enter unit cost of the furniture requested.

**Field 3: N Qty:** Enter the quantity here if this is NEW furniture that you do not presently have.

**Field 4: R Qty:** Enter the quantity here, if you are requesting REPLACEMENT of existing furniture.

3. Press the "Enter" key after entering all requested pre-listed furniture.
4. Press the "Enter" key after entering requested information.
5. You may request a second screen by entering a "Y" at the bottom of the screen in answer to the prompt to go to a second screen.
6. Press the "Enter" key again to proceed to the next process, or
7. Type "M" in the select field to return to the menu.

**NOTE: The Compensation Board may require justification for these items upon review of your budget request.**

## TOTAL - PART IV. EQUIPMENT

```

SEL:  (7)                PART IV EQUIPMENT
SCB9UO08-
    11/15/01                OFFICE TOTAL
    YY: 2005  LOC: 016 OFF: 734 OFFICER: JOHN T. MONROE

  N QTY    N TOT CST    R QTY    R TOT CST    TOT QTY    TOT COST
STRESS FACTOR
TOTAL CATEGORY A: (DATA PROCESSING)
    6          13650                6          13650
9317

TOTAL CATEGORY B: (OFFICE EQUIPMENT)
    4          6300                4          6300
4300

TOTAL CATEGORY C: (FURNITURE)

GRAND TOTAL:
    10          19950                10          19950
13617
  
```

This screen will be displayed if you depress the enter key after processing the other equipment screens when the select field is blank. The totals for each category of equipment funding will be displayed as well as the total for the office for all categories and the stressed totals for the office for all categories. Your office will have equipment Categories A, B and C.

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## PART V. WORKLOAD MEASURES

SEL: (A) PART V WORKLOAD MEASURES - COMMISSIONER OF REVENUE						
SCB9UM19						
11/15/01	YY: 2005	LOC: 016	OFF: 734	OFFICER: JOHN T. MONROE		
				CY01	CY02	CY03
AVG						
1. LAND PARCELS				33543	34220	33333
33699						
2. REAL ESTATE TRANSFERS				3298	3394	3333
3342						
3. REASSESSMENTS/NEW CONSTRUCTION				1461	1547	1111 *
1373						
4. PERS PROPERTY ASSESSMENTS				89434	91545	99999
93659						
5. ACCTS (MACHINERY/TOOL/PERS PROP)				3032	3012	3333
3126						
6. MOBILE HOME ASSESSMENTS				3920	3907	3333
3720						
7. TAX RELIEF APPLICATIONS				314	333	333
327						
8. BUSINESS LIC/CAPITAL ACCTS				4788	4684	4444
4639						
9. LAND USE TAX/ROLLBACK APPL				5664	5871	5555
5697						
10. EXCISE TAXES/BUSINESS ASSESSED				169	168	111 *
149						
11. STATE TAX RETURNS PROCESSED				18970	19322	11111 *
16468						
12. ESTIMATED STATE TAX ASSESSMENTS				1391	1173	3333 *
1966						
13. TAX ASSESSMENTS ADJUSTED				1965	1745	1111 *
1607						
14. CEMETERY TRUSTS ACCOUNTS				1	1	1
1						
15. FINANCIAL INST/BANK FRANCHISE TAX				6	6	6
6						
16. PUBLIC SERVICE CORP ASSESSED				35	35	33
34						
17. COAL/GAS, OIL, MINERAL TAX ACCOUNTS				0	0	0
0						
18. ISSUANCE OF 'NO FEE' MOTOR VEHICLE DECALS				0	0	0
0						
				*VARIANCE GT 15%		FTE:
12.42						
TRANSACTION SUCCESSFULLY PROCESSED						

This screen will be displayed when "A" is selected on the On-line Budget Menu or when the enter key is depressed on the Equipment screen and the select field is blank. This screen must be processed and an amount must be entered for each workload factor for the most recent ending calendar year. The screen will also display the amounts for the previous two calendar years.

Please provide requested information in accordance with Section 15.2-1636.7, Code of

Virginia (1950 as amended). Information requested is based **on the most recent calendar year**.

1. Press the “TAB” key to go to the first field of entry. **These are required fields.**
2. Enter the number of transactions for each workload measure listed, if not applicable to your office enter ‘0’, and “TAB” to the next field. (Do Not Leave Blanks or the system will not let you proceed to the next screen)
3. Repeat this process until you have entered the number of transactions for each workload measure listed on this screen.
4. Press the “ENTER” key after entering the information requested.
5. Press the “ENTER” key again to proceed to the next category or,
6. Type “M” in SEL\_\_: (at the top of the screen) to return to the main menu.

## WORKLOAD DEFINITIONS (PAGE 1)

1. **NUMBER OF PARCELS OF LAND:** If your office handles real estate, enter the total number of parcels of real estate, taxable and non-taxable. ***Do not*** multiply this figure by any factor if you prorate or bill more than once a year.
2. **NUMBER OF REAL ESTATE TRANSFERS:** If your office handles real estate, enter the total number of transfers of parcels for the year.
3. **NUMBER OF REASSESSMENTS DUE TO NEW CONSTRUCTION:** If your office assesses new construction, enter the total number of assessments adjusted due to new construction. ***Do not*** enter the number of total number of building permits. ***Do not*** enter the number of visits to a property for measurements and listings.
4. **NUMBER OF PERSONAL PROPERTY ASSESSMENTS:** Enter the total number of items of the following kinds of personal property assessments in your jurisdiction: count each separate motor vehicle, motorcycle, utility, road or boat trailer, boat and motors, campers, travel trailers, aircraft, etc. Each item is a separate count. ***Do not*** multiply this factor by any factor if you prorate or bill more than once a year. ***Note: The sum of factors #4, #5, and #6 should equal the total number of all personal property accounts in your locality.***
5. **NUMBER OF MACHINERY AND TOOLS, BUSINESS PERSONAL PROPERTY AND FARM ACCOUNTS:** Enter the total number of manufacturing machinery and tools, business personal property and farm accounts that you assess. ***Do not*** multiply this figure by any factor if you prorate or bill more than once a year.
6. **NUMBER OF MOBILE HOME ASSESSMENTS:** Enter the total number of mobile homes that you treat as personal property. ***Do not*** multiply this figure by any factor if you prorate or bill more than once a year.
7. **NUMBER OF APPLICATIONS RECEIVED FOR TAX RELIEF, REAL ESTATE, PERSONAL PROPERTY, DISABLED, ETC.:** Enter the total of the applications received in your office annually, ***Do not*** multiply this figure by any factor if you prorate or bill more than once a year.
8. **NUMBER OF BUSINESS LICENSES ISSUED AND MERCHANTS CAPITAL ACCOUNTS:** Enter the total number of all business licenses processed annually. For those localities with merchant's capital, report the total number of accounts.
9. **NUMBER OF APPLICATIONS PROCESSED FOR LAND USE TAXATION AND ROLLBACK ASSESSMENTS:** Enter the total number of land use and rollback applications processed.
10. **NUMBER OF BUSINESS ACCOUNTS ASSESSED FOR EXCISE TAXES:** Enter the total number of business accounts. This should include meals, lodging, , admissions, short term rental and any other local excise taxes assessed. ***Do not*** multiply this number by the number of processings during a year, i.e., ***Do not*** multiply by twelve for monthly processings or by four for quarterly processings.
11. **NUMBER OF STATE INCOME TAX RETURNS PROCESSED BY YOUR OFFICE:** Enter the total number that can be verified by the Department of Taxation.
12. **NUMBER OF STATE TAX ASSESSMENTS FOR ANNUAL ESTIMATED INCOME TAXPAYERS:** Enter the total number that can be verified by the Department of Taxation.
13. **NUMBER OF TAX ASSESSMENTS ADJUSTED (REAL ESTATE, BUSINESS LICENSES, PERSONAL PROPERTY, ETC.):** Enter the total number of adjustments that your office made during the year. This total should include any adjustments caused by proration or audits.
14. **NUMBER OF CEMETERY TRUST ACCOUNTS THAT ARE ADMINISTERED BY YOUR OFFICE:** Enter the number of cemetery companies that filed annual reports with your office.
15. **NUMBER OF FINANCIAL INSTITUTIONS THAT ARE REQUIRED TO FILE THE BANK FRANCHISE TAX WITH YOUR OFFICE:** Enter the total number of banks that can be verified with the Department of Taxation.
16. **NUMBER OF PUBLIC SERVICE CORPORATIONS THAT ARE ASSESSED:** Enter the number of Public Service Corporations and Railroad companies that are assessed and that can be verified with the State

Corporations and Railroad companies that are assessed and that can be verified with the State Corporation Commission and the Department of Taxation.

17. **NUMBER OF COAL/GAS SEVERANCE TAX, COAL ROAD TAX, OIL SEVERANCE TAX AND MINERAL TAX ACCOUNTS:** If your office handles these functions, enter the number of Coal/Gas Severance, Coal Road, Oil Severance and mineral taxes accounts. ***Do not*** multiply this figure by any factor if billed more than once a year.
18. **NUMBER OF MOTOR VEHICLE “NO FEE” DECALS ISSUED (EX., MILITARY PERSONNEL OR OWNERSHIP TRANSFERS):**

### ***PART V. WORKLOAD MEASURES (SECOND SCREEN)***

```
SEL:      (A)  PART V WORKLOAD MEASURES - COMMISSIONER OF REVENUE
SCB9UM50
11/15/01

      YY: 2005  LOC: 016  OFF: 734  OFFICER: JOHN T. MONROE

CY03                                     CY01  CY02

19. SALE OF MOTOR VEHICLE DECALS         0      0
0

TRANSACTION SUCCESSFULLY PROCESSED
```

This screen will be displayed after the completion of the 1<sup>st</sup> screen of workload factors when the enter key is pressed and the SEL field is blank. This screen must be processed and an amount entered must be for each workload factor for the most recent ending calendar year. The screen will also display the amounts for the previous two calendar years.

Please provide requested information in accordance with Section 15.2-1636.7, Code of Virginia (1950 as amended). Information requested is based **on the most recent calendar year**.

1. Press the “TAB” key to go to the first field of entry. **These are required fields.**
2. Enter the number of transactions for each workload measure listed, if not applicable to your office enter ‘0’, and “TAB” to the next field. (Do Not Leave Blanks or the system will not let you proceed to the next screen)
3. Repeat this process until you have entered the number of transactions for each workload measure listed on this screen.
4. Press the “ENTER” key after entering the information requested.
5. Press the “ENTER” key again to proceed to the next category or,
6. Type “M” in SEL\_\_: (at the top of the screen) to return to the main menu.

<b>WORKLOAD DEFINITIONS (PAGE 2)</b>
--------------------------------------

19. **NUMBER OF MOTOR VEHICLE LICENSE DECALS SOLD:**

<b><u>WORKLOAD ITEM</u></b>	<b><u>WEIGHTS</u></b>
1. PARCELS	0.08
2. TRANSFERS	0.50
3. REASSESSMENTS	1.25
4. PERSONAL PROPERTY	0.17
5. M&T/BUSINESS/FARM	0.33
6. MOBILE HOMES	0.33
7. TAX RELIEF	0.50
8. BPOL/MC	0.50
9. LAND USE	0.50
10. EXCISE TAX	4.00
11. STATE TAX RETURNS	0.33
12. ESTIMATED TAXES	0.17
13. ADJUSTMENTS	0.17
14. CEMETERIES	8.00
15. BANK FRANCHISE	1.00
16. PUBLIC SERVICE CORPORATIONS	2.00
17. COAL/GAS/OIL/MINES	2.00
18. "NO FEE" DECALS ISSUED	0.17
19. VEHICLE DECALS SOLD	0.00

**FORMULA:  $1.7864 + (0.00029271 * \text{Average Weighted Workload})$**

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## PART VI. CERTIFICATION OF EMPLOYEE PERFORMANCE EVALUATION PLAN

SEL: (B)	CERTIFICATION OF
SCB9U013	
11/15/01	<b>EMPLOYEE PERFORMANCE EVALUATION PLAN</b>
YY: 2005    LOC: 016	OFF: 734    OFFICER: JOHN T. MONROE
<p>CERTIFICATION THE EMPLOYEE PERFORMANCE EVALUATION PLAN CURRENTLY IN EFFECT          OF EMPLOYEE FOR THIS OFFICE, ADOPTED ON 09 / 09 / 1994, INCORPORATES ALL          PERFORMANCE OF THE FOLLOWING CRITERIA:          EVALUATION PLAN</p> <ol style="list-style-type: none"> <li>1. JOB DESCRIPTION</li> <li>2. WRITTEN PERFORMANCE PLAN</li> <li>3. PERFORMANCE EVALUATION AND INTERVIEW WITH EMPLOYEE</li> <li>4. SIGNATURES OF EMPLOYEE AND IMMEDIATE SUPERVISOR</li> </ol>	
JOHN T. MONROE	OFFICER APPROVAL USER ID: _____
***** O R *****	
<p>CERTIFICATION OF THIS OFFICE 'DOES NOT' CURRENTLY PARTICIPATE IN AN          EMPLOYEE NON-PARTICIPATION PERFORMANCE EVALUATION PLAN WHICH MEETS THE          CRITERIA SET IN EMPLOYEE BY THE COMPENSATION BOARD.</p>	
PERFORMANCE EVALUATION PLAN	OFFICER APPROVAL USER ID: _____
TRANSACTION PROCESSED SUCCESSFULLY	

This screen will be displayed when “B” is selected on the On-line Budget Menu or when the enter key is pressed at the completion of the workload measures process if the select field is blank. You are required to provide either the date of the establishment of your evaluation program and your Officer Approval User ID or your Officer Approval User ID if your office does not have an evaluation plan.

**The Date of the establishment of your evaluation program will be displayed as it was entered last year. If you no longer have an evaluation program or if you are a new officer and elect not to adopt the previous officer’s evaluation program you may erase the date and enter your OFFICER APPROVAL USER ID in the “DOES NOT” have an evaluation plan (lower portion of this screen).**

Complete this section. **These fields are required.**

1. Press the “Tab” key to the desired field. Please enter your OFFICER APPROVAL USERID on one line only (Field 2 or Field 3).

**Field 1: Date adopted:** Date Performance Evaluation Plan was adopted has been provided, if correct “TAB” to next field of entry. If that date is no longer applicable erase the date and enter the new date and “TAB” to the next field of entry, or if you have not adopted a pay for performance plan erase the date and “TAB” to Field 3.

**Field 2: Office has Pay for Performance:** Enter your OFFICER APPROVAL USERID or “TAB” to the next Field.

**Field 3: Office DOES NOT**

**have PFP:** Enter your OFFICER APPROVAL USERID, if not entered in Field 2. Press the “ENTER” key after completing information requested.

2. Press the “ENTER” key again to proceed to the next category or,
3. Type “M” in SEL: (at the top of the screen) to return to the main menu.

## **CRITERIA FOR AN EMPLOYEE PERFORMANCE EVALUATION PLAN**

### **Job Description**

A detailed job description is maintained for each permanent employee, which provides the elements for evaluation on the employee's performance plan.

### **Written Performance Plan**

Each employee's performance plan identifies and prioritizes job elements based upon the employee's job description, states expectations for the acceptable level of performance for each job element, and addresses the extent to which external factors impact the employee's ability to perform the job. Factors, which are not related to the job, such as race, sex, religion, level of salary or physical condition, are not considered in the evaluation process.

### **Performance Evaluation and Interview with Employee**

The performance plan and evaluation expectations are discussed by the employee and his/her immediate supervisor at the beginning of the performance cycle and in at least one interview every 12 months. These meetings address ways to improve performance, note areas of improvement already achieved, and provide a forum for discussion of goals, expectations, and factors affecting performance.

### **Signatures of Employee and Immediate Supervisor**

Both the employee and the employee's immediate supervisor sign the performance plan and the evaluation; copies are made available to the employee and the originals are maintained in the

## CHECKOFF LIST

SEL: \_ (C)  
SCB9UO11  
11/15/01

### BUDGET SUBMISSION CHECKOFF LIST

TREASURERS, DIRECTORS OF FINANCE  
AND COMMISSIONERS OF REVENUE

YY: 2005 LOC: 016 OFF: 734 OFFICER: JOHN T. MONROE

1. VERIFICATION OR CORRECTIONS TO ADDRESS, PHONE AND FAX INFO  
Y
2. PLEASE ENTER NAME OF THE CONTACT PERSON CONCERNING THIS BUDGET  
SUBMISSION JOHN T. MONROE\_\_\_\_\_

TRANSACTION PROCESSED SUCCESSFULLY

This screen will be displayed when “C” is selected on the On-line Budget Menu or if you depress the enter key at the completion of the performance evaluation screen processing and the selection field is blank. **You are required to complete the entry of the fields on this screen.**

1. Press the “TAB” key to go to the desired field.
2. Enter a “Y” in the fields provided to indicate the required functions have been performed. Enter “N” in the instance a function is not applicable, “TAB” to the next field.
3. Repeat this process until you have entered a “Y” or an “N” in all fields provided, and typed the name of the person to contact for questions when reviewing your budget request.
4. Press the “Enter” key after completing requested information.
5. Press the “Enter” key to proceed to the next category or,
6. Type “M” in SEL\_\_: (at the top of the screen) to return to the main menu.

## CERTIFICATION

SEL: (D)  
SCB9U012  
11/15/01

**CERTIFICATION OF  
FISCAL YEAR BUDGET REQUEST  
FOR FISCAL YEAR ENDING JUNE 30, 2005**

YY: 2005 LOC: 016 OFF: 734 OFFICER: JOHN T. MONROE

I CERTIFY THAT THIS REQUEST REPRESENTS AN ACCURATE STATEMENT OF OFFICE WORKLOAD DATA, SALARY SUPPLEMENTS, LOCALLY FUNDED POSITIONS AND MY ANTICIPATED FUNDING NEEDS FOR THE UPCOMING FISCAL YEAR. I HAVE NOTIFIED

THE GOVERNING BODY OF MY LOCALITY OF THE AVAILABILITY FOR REVIEW OF THE REQUEST AND HAVE PROVIDED THEM A COPY OF ALL DOCUMENTATION AND JUSTIFICATION  
FORWARDED TO THE COMPENSATION BOARD.

APPROVAL

OFFICER APPROVAL USER ID: SCB03\_  
CB APPROVAL USER ID:

ENTER REQ FLDS, PERM EMPL - SEL 2 - MENU

This screen will be displayed when 'D' is selected on the On-line Budget menu, or if you press 'Enter' after completion of the check off list screen and the selection field is blank.

If you enter your Officer Approval User ID to submit your budget request and all screens that have required fields have not been processed, the system will not accept your sign off. Under this condition, the system will inform you that a required process has not been completed and a message will direct you to the incomplete process selection on the On-line Budget Menu. Once you have submitted your budget request you may not further modify your request. From the time of your submission until the completion of the budget approval process you may view only your submission. Upon approval of your budget, on May 1, you will be able to view your budget submission as approved, which will include any adjustments made by the Compensation Board.

**PLEASE CHECK YOUR REQUEST FOR ANY FINAL CHANGES. ONCE THE OFFICER APPROVAL USER ID HAS BEEN ENTERED, THE OFFICER CAN NO LONGER MAKE CHANGES TO THE BUDGET REQUEST.**

1. . "TAB" to the next field of entry.  
**Officer Approval User ID:** Enter your "**USER ID**"
2. Press the "ENTER" key after completing information requested information.
3. Press the "ENTER" key to proceed to the **Comment Screen**, or
4. Type "M" to return to the main menu.

**TIP: If your screen has the error messages as shown at the bottom of the screen print on page 46 you have not CERTIFIED. Please enter the number shown, "SEL 2", in the**

**SEL field at the upper left hand corner of your screen to complete the required fields, and then return to the certification screen.**

## COMMENTS

11/15/01 SEL: (E)

### COMMENTS

SCB9U017

CCYY: 2005 LOC: 016 OFF: 734 NAME OF OFFICER: JOHN T. MONROE

5402455640

COMMENTS

PAGE 1

OF 1

These screens will be displayed when “E” is selected on the On-line Budget Menu. There are 40 lines on two screens that allow the entry of comments in a free form format. The use of these screens is optional and the data entered is not edited.

This screen is available for any information you feel is necessary for the Compensation Board to know about your on-line budget request. There are only two screens available for your comments, so keep this in mind, as you may wish to send paper documentation for more detailed comments.

1. Please remember this screen will **Time Out**. Start typing the

- information you would like to convey, after about 5 minutes:
2. Press the “Enter” key and then enter **“E”** in the **SEL\_\_** (at the top of your screen).
  3. Press “Enter” again, this will refresh the screen and avoid losing the information you typed.
  4. Please reference the section of the on-line budget request your comments are referring to, e.g. (5. PART II PART-TIME EMPLOYEE FUNDING).



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